

LICENSE FEE: \$ 52.30

PERMIT NO. _____

Check payable to:
CITY OF CONCORD

City of Concord
Health Services Division
37 Green Street
Concord NH 03301

**APPLICATION FOR
TAXICAB OPERATORS LICENSE**

Name: _____ Phone No. _____

Address: _____

Name of Company you will be driving for: _____

Date of Birth: _____ Years of driving experience: _____

Sex: _____ Height: _____ Weight: _____ Color Hair: _____ Color Eyes: _____

Drivers License No. _____ Date Expires: _____

Any record of motor vehicle violation in this or any other state? Yes: _____ State: _____

(**Including**: speeding, parking, stop sign, etc.) No: _____

Have you ever been denied a taxicab license in this city or any other city? Yes _____ No _____

Have you **ever been** arrested for or convicted of a crime? Yes _____ No _____

ALL APPLICANTS ARE REQUIRED TO OBTAIN A COPY OF THEIR DRIVING AND CRIMINAL RECORDS FROM THE STATE OF NH DIVISION OF MOTOR VEHICLES AND MUST BE PRESENTED WITH THIS APPLICATION. FALSIFYING INFORMATION ON THIS APPLICATION IS A CRIME AND MAY RESULT IN ARREST, PROSECUTION AND IMMEDIATE DENIAL OF A LICENSE. ALLOW 7 DAYS FOR PROCESSING BEFORE LICENSE IS ISSUED.

I hereby certify that the above statements are true
to the best of my knowledge and belief.

Applicant's Signature _____ Date _____

**ALL LICENSES ISSUED WILL IMMEDIATELY TERMINATE UPON THE SUSPENSION OR REVOCATION OF STATE OF NEW HAMPSHIRE DRIVERS LICENSE.
LICENSE EXPIRES ON OCTOBER FIRST OF EACH YEAR.**

APPROVED: _____ DATE: _____

Licensing Officer